Capsaicin (8%) patch (Qutenza®) for the treatment of neuropathic pain

NHS Devon

Commissioning policy

The Peninsula Health Technology Commissioning Group (PHTCG) has come to a decision on the use of capsaicin (8%) patch (Qutenza®) for neuropathic pain.

This treatment will be commissioned within its licensed indication of peripheral neuropathic pain in non-diabetic patients, only after conventional oral and topical therapies as described in National Institute for Health and Care Excellence (NICE) CG96 have proven unsuccessful. Commissioning is restricted to its use in specialist secondary care pain clinics.

Rationale for the decision

Capsaicin 8% patch (Qutenza®) has been shown to be effective in a number of randomised controlled trials, reducing pain scores by around 30% in patients suffering from neuropathic pain. In an integrated analysis of all trials, significantly more patients obtained meaningful and substantial improvement at 12 weeks than in those who had received a low strength (placebo-like) patch. A 30% or greater improvement in pain was reported in 36% of patients who received Qutenza® in addition to other anti-neuropathic medications, compared to 28% of those who did not receive Qutenza®. Data are limited on its long-term efficacy and the frequency at which it would need to be reapplied.

The patch is associated with a range of unpleasant but generally transient side effects, including pain on application that may require strong analgesia to control it, and a need for blood pressure monitoring. In-hospital specialist supervision is required for safe use and this is best achieved in specialist pain clinics that have set up a service to apply Qutenza® patches.

Qutenza® is more expensive than conventional oral and topical treatments and requires the setting up of special clinics to administer it. Cost effectiveness analysis suggests that Qutenza® could represent good value for money but there is some uncertainty about the frequency of reapplication that may be required. Commissioning treatment from specialist hospital clinics that can follow up patients by phone and arrange for reapplication at the optimum time to suit the patients' symptoms (not more frequently than every 90 days) provides patients, who have not gained satisfactory relief from conventional therapies, with access to an additional treatment option in a way that provides best value for money to the NHS.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought.

Qutenza® is not licensed in patients with diabetes. The manufacturer has withdrawn a licence application for treatment of diabetic patients with neuropathic pain based on the view of the European medicines regulatory body that the data provided did not allow the committee to conclude on the positive risk benefit balance in these patients.

Plain language summary

The National Institute for Health and Care Excellence (NICE) provide recommendations on the treatment of patients suffering from neuropathic pain. Qutenza® patches became available after this guideline was produced. Clinical trial evidence shows that around 1 in 10 patients gain good pain relief from Qutenza® who would not do so without it. Qutenza® needs to be given in specialist clinics in hospital as its use needs to be monitored for safety reasons and patients may need short term additional strong pain killers due to pain that application of the patch may cause. The local NHS has decided that specialist pain clinics should be able to offer this treatment to patients who have not achieved a satisfactory response to conventional treatments.

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30.01.2013	Policy agreed by NHS Devon, NHS Plymouth and Torbay Care Trust. Policy adopted by Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG on 01.04.2013 Policy adopted by NHS Devon CCG on 01.04.2019 Policy adopted by NHS Devon ICB on 01.07.2022